

Courtroom Report (To be completed by courtroom staff. Use a new report each day. Forward all reports to SCAO each Friday by mail.)



Courtroom Staff Name _____ Date of Activity _____

Judicial Officer _____	Title	<input type="checkbox"/> Judge	<input type="checkbox"/> FOC Referee	<input type="checkbox"/> Probate Register
		<input type="checkbox"/> Magistrate	<input type="checkbox"/> Juvenile Referee	<input type="checkbox"/> Law Clerk or Research Attorney
State Bar No. (if applicable) _____				

	Court Code	County	Case Type Code	Event Number(s)	Start Time		End Time		Drug Court	Pro Se	Interpreter	Life Sentence Eligible
			One Per Line						Check if applicable			
1					Hour	Minute	Hour	Minute				
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												

Use the event codes that best describe the activity.

Event Categories	
1	Pretrial
2	Trial
3	Disposition
4	Postjudgment

Instructions for Other Factors

Drug Court	Check this box if the case(s) are part of the court's drug court program.
Pro Se	Check this box if the case(s) include one or more parties who are appearing without counsel.
Interpreter	Check this box if the case(s) involve the use of an interpreter.
Life Sentence Eligible	Check this box if the case is a capital felony (eligible for life sentence). For District Courts Only.

Comments